

ELDER ABUSE, NEGLECT, AND EXPLOITATION



IT IS A CRIME

**MISSOURI'S RESPONSE SYSTEM
1-800-392-0210**

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Division of Senior Services and Regulation
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AGING IN MISSOURI

- ♦ According to the 2000 census, there are 983,704 residents age 60 and over (17.6% of Missouri's total population).
- ♦ Of the 983,704 who are age 60 and older, 98,571 or 10% are seniors over the age of 85.
- ♦ The age 60 and over population is 14th nationally, according to the 2000 census.
- ♦ In 2005 there are projected to be 1,172,336 Missouri residents age 60 and older, and of those, 121,383 will be age 85 and over.
- ♦ In 2025 Missouri's population of seniors is projected to be almost 1,625,394 or approximately 20% of Missouri's total population.

AGING ACROSS AMERICA

- ♦ 14% of the elderly population age 65 and over reside in nursing facilities.
- ♦ 43% of elderly persons age 65 and above will use nursing homes at some point in the remaining years of their lives.
- ♦ 83% of nursing home residents have limitations in 3 or more activities of daily living.
- ♦ Alzheimer's Disease and other dementias affect 1 in every 10 persons age 65 and over.
- ♦ Nearly 50% of persons age 85 and above have Alzheimer's Disease or other dementias.

Source: U.S. Bureau of the Census, MO Office of Administration and the Administration on Aging.

History of Missouri Elder Abuse Laws

- 1980 Established authority of the Division of Aging to provide protective services to elderly (age 60+) in the community.
- 1980 Central Registry Unit (CRU) established.
- 1984 Penalty for abuse and neglect in long-term care facilities amended to a felony.
- 1984 Authority granted whereby the Department of Social Services would establish and maintain an Employee Disqualification List (EDL) of people who have been finally determined by the department to have abused, neglected, or misappropriated funds/property of a facility resident.
- 1987 Protective services extended to include adults (age 18 - 59) who are suffering from mental or physical disabilities that substantially limit their ability to protect their own interest or adequately obtain or perform services necessary to meet their essential human needs.
- 1992 The crime of "Elder Abuse" established, including graduated penalties for perpetrators of abuse and neglect.
- 1992 The EDL statute amended to include the home care industry. Prohibitions, protections, and penalties of the EDL statute extended to include Division of Aging clients receiving services in their homes.
- 1994 Extension of the EDL statute and employment prohibition to include agencies licensed by the Department of Health and all Medicaid provider agencies delivering services to clients in their homes.
- 1994 Failure to report abuse or neglect of a long-term care facility resident from an infraction to a misdemeanor.
- 1997 Legislation mandates criminal background checks on all employees of in-home services providers.
- 1999 Department of Health (DOH) to implement an education and awareness program to increase awareness of the problem of elder abuse and neglect with the goal of reducing the incidences of elder abuse and neglect.
- 2000 Legislation enacted creating the crime of "Financial Exploitation" of the elderly and persons with disabilities to strengthen successful prosecution that reflects the vulnerability of this population.
- 2000 Legislation established the Family Care Safety Registry within DOH to coordinate information necessary to prohibit certain individuals from being employed by agencies responsible for the care of the elderly (and children) including those with a criminal history or other disqualifying registers.
- 2001 The Department of Health and Senior Services was established, as well as Alzheimer's Disease training programs for direct care staff. Legislation passed which created the

Pharmaceutical Investment Program within the Department of Health and Senior Services to assist elderly persons with prescription drug expenses.

***Guiding Principles for
Home and Community Services
Adult Protective Services (APS)***

Protective services are provided by individuals or agencies for or on behalf of eligible persons who are unable to:

- { manage their own affairs;
- { carry out the activities of daily living; or
- { protect themselves from abuse, neglect or exploitation which may result in harm or a hazard to themselves or others.

The purpose of APS is to:

- { promote independence;
- { maximize client choice and provide for meaningful client input for preferences;
- { provide quality alternatives to institutional care; and
- { empower the older adult to attain or maintain optimal self-determination.

Guiding Principles for Long-Term Care Facility Residents

Long-term care facilities are required by statute to provide protective oversight for their

The law contains certain guarantees that protect the rights of eligible adults alleged to be in need of protective services.

The Missouri Department of Health and Senior Services (DHSS), Division of Senior Services (DSS) delivers **home and community based Adult Protective Services (APS)** with consideration to the following inherent rights:

- { Self-Determination
- { Protection
- { Confidentiality
- { Participate in Care Planning
- { Receive Assistance
- { Refuse Services
- { Refuse Medical Treatment

residents. In addition, each facility must protect and promote a basic set of "resident rights."

The DHSS Section of Long-Term Care Regulation staff conduct investigations of reported abuse, neglect, and exploitation of individuals residing in long-term care facilities. Complaint investigations are handled in accordance with state statute, and all information obtained during investigations is handled in a confidential manner.

Long-Term Care Ombudsman Program

The *Missouri Long-Term Care Ombudsman Program* also helps residents by empowering them with knowledge and advocating on their behalf - both individually and as a group - to ensure that their rights are protected. Services of a Volunteer Ombudsman can be accessed by calling:

1 - 800 - 309 - 3282

Central Registry Unit
24 - hour toll-free HOTLINE
1 - 800 - 392 - 0210

The Central Registry Unit (CRU), the statewide central intake unit, has taken calls since 1980. All calls are electronically recorded and kept on file for a minimum of one year.

A facility resident has the right to:

- ✓ be free from mental and physical abuse;
- ✓ be informed of their medical condition;
- ✓ select their own physician;
- ✓ participate in planning their care;
- ✓ refuse treatment;
- ✓ voice grievances;
- ✓ be treated with respect and dignity; and
- ✓ have treatments provided in privacy.

TYPE OF CALL	1980 - 2001
Home and Community Services:	213,718
Abuse/Neglect/Exploitation	
Long-Term Care Regulation: Abuse / Neglect /	88,717
Misappropriation of Funds and Regulatory Issues	
Total Abuse/Neglect Reports	302,435
Pre-long Term Care Screening	235,147
Information and Referral	271,993
Facility Self Reports (1999 to present)	2,461
Statements of Concern (1990 to 1999)	6,425
Total Abuse/Neglect/Exploitation Intake, Screenings, and Information & Referral	818,461

Reports include:

{ Information regarding the *eligible adult*:

- ✓ Name, address and telephone number;
- ✓ Date of birth or age;
- ✓ Other relevant identifiers.

{ Nature of the *incident*:

- ✓ *ABUSE*: the infliction of physical, sexual, emotional or financial injury or harm;
- ✓ *NEGLECT*: failure to provide services when such failure presents either an imminent danger to the health, safety, or welfare - OR - substantial probability that death or serious physical harm will result;
- ✓ *MISAPPROPRIATION* of funds or property of in-home services clients or residents of long-term care facilities;
- ✓ *FALSIFICATION* of documentation which verifies service delivery to in-home services clients; or
- ✓ *FINANCIAL EXPLOITATION*: a person in a position of trust and confidence knowingly and by deception or intimidation obtains control of property for use by someone other than the owner.

{ Names of any available witnesses.

Registering Reports

Upon initial contact, CRU interviews the reporter to obtain information sufficient to determine eligibility for involvement:

- { Adult is over the age of 60, **or**
- { Adult is between the ages of 18 and 59, **and** has a mental or physical impairment that substantially limits one or more major life activities; **and** is unable to:
 - ✓ protect their own interests, **or**
 - ✓ adequately perform or obtain services which are necessary to meet their essential human needs.

Statutes protect the confidentiality of the contents of the report and information regarding the reporter. CRU obtains information sufficient to conduct an investigation.

Classification of Reports:

- ◆ **Class I** reports involve life-threatening, imminent danger situations which indicate a high risk of injury or harm to an eligible adult.
- ◆ **Class II** reports involve situations which may result in harm or injury to an eligible adult but is not life-threatening.

Imminent Danger - Life-Threatening Situations

The following situations, although not all-inclusive, should be considered emergencies:

Reports of physical abuse occurring at the present time or where there are injuries to the eligible adult.

Reports of ongoing sexual abuse.

Reports involving eligible adults who are suffering from acute, untreated medical conditions.

Reports alleging that caretakers of eligible adults are psychotic, behaving in a bizarre manner, or acting under the influence of drugs or alcohol.

Reports alleging chemical restraint through non-prescribed drugs or alcohol.

Complaints alleging bizarre punishment.

Complaints alleging that an eligible adult is suicidal.

Complaints involving abandonment of an eligible adult incapable of providing for their essential human needs.

Self-referrals from families who state they are unable to meet the immediate care needs of an eligible adult.

Reporting Elder Abuse

Reporting requirements exist in five Missouri statutes: 198.070 RSMo; 198.090 RSMo; 660.300 RSMo; 660.305 RSMo; and 565.188 RSMo.

{ Requirements are intended to protect adults who demonstrate a need for protective services or who are suspected to be victims of abuse or neglect.

The subsequent DSS investigation is conducted in accordance with the following statutory guidelines:

1. The identity of a reporter is protected in accordance with state statutes (660.263 RSMo; 660.300 RSMo; 660.320 RSMo and 198.070 RSMo).
2. A reporter is immune from civil or criminal liability for making a report or testifying pursuant to state mandates (660.300.8 RSMo; 198.070 RSMo and 565.190 RSMo).
3. Persons who report (other than the perpetrator) shall be protected from harassment, dismissal or retaliation when such report is filed in good faith (660.300 RSMo; 660.305 RSMo and 198.070 RSMo).
4. The Employee Disqualification List (EDL) is an administrative vehicle through which the Director of DHSS may prohibit persons from working in any capacity in the field of elder care, thereby increasing the protection of eligible adults (660.315 RSMo and 198.070 RSMo).
5. An agency providing services shall be responsible for screening prospective employees, including completion of a criminal background check, and reviewing current employees against the most recent information contained in the EDL (660.315 RSMo; 660.317 RSMo and 198.070 RSMo).
6. DHSS has legislative responsibility for investigation of all allegations of abuse and neglect (660.260 RSMo; 660.261 RSMo; 660.300.5 RSMo; 660.305 RSMo and 565.186 RSMo).
7. The DHSS worker shall investigate reports of alleged abuse and neglect in accordance with current division policy. This investigation will focus on gathering all pertinent information and will generally include:
 - ✓ an interview with the reported adult;
 - ✓ an interview with any relevant witnesses; and
 - ✓ an interview with the alleged perpetrator.

Indicators of Abuse & Neglect

Physical Appearance		
<ul style="list-style-type: none"> ✓ Burns, especially unusually located ✓ Malnutrition, poor skin color, thin, obese, listless, mind unclear ✓ Bilateral bruises on upper arms, as from shaking ✓ Swollen ankles (heart or kidney ailment) ✓ Clustered bruises on trunk from repeated striking ✓ Old and new bruises - as an injury repeated ✓ Unhealed sores/untreated injuries ✓ Green, yellow, red, brown sputum ✓ Clothing inappropriate for weather, occasion, filthy, torn, too big, rags ✓ Swelling in joints accompanied by sickness or fever ✓ Bone fracture/signs of fractures ✓ Unintentionally non-communicative ✓ Rash, impetigo, eczema ✓ Clothing covering entire body ✓ Thin spots in hair (as though pulled out) 	<ul style="list-style-type: none"> ✓ Wheezing/persistent cough ✓ Bruises resembling an object ✓ Untreated medical conditions ✓ Coldness in part of body ✓ Immobile/difficult moving ✓ Same clothing all the time ✓ Sudden weight loss or gain ✓ Lacerations/welts, black eye ✓ Lack of prosthetic devices ✓ Untreated medical condition ✓ Blood in excretion ✓ Loss of sight or hearing ✓ Heat exhaustion ✓ Dehydration ✓ Severe or constant pain ✓ Repeated broken bones ✓ Sudden illness ✓ Odorous, smell of alcohol ✓ Changes in appearance ✓ Dilated pupils ✓ Nails needing clipping 	<ul style="list-style-type: none"> ✓ Bed sores ✓ Tremors ✓ Red, painful eyes ✓ Broken glasses/frames ✓ Unkempt, dirty ✓ Hair matted or tangled ✓ Decayed teeth ✓ Swollen eyes ✓ Swelling of legs ✓ Lack of clothing ✓ Shoes on wrong feet ✓ Incontinent ✓ Fleas or lice ✓ Coma ✓ Vomiting ✓ Shortness of breath ✓ Chest pains ✓ Lumps ✓ Scars ✓ Hair not combed ✓ Loss of equilibrium ✓ Narcolepsy

Environmental		
<ul style="list-style-type: none"> ✓ Lots of medications lying around ✓ Medications from several doctors ✓ Medications not clearly marked ✓ Soiled bedding/furniture ✓ Food is not present, inadequate or spoiled, or lying around ✓ Food stored improperly ✓ No evidence of food preparation ✓ Unsanitary food preparation ✓ Lack of minimum facilities - bathroom, bed, furniture ✓ Large number of animals lacking care ✓ Lack of electricity, heat, water, toilet, or cooking facilities, refrigeration or cooling ✓ House infested with fleas, lice, roaches, rats, birds, squirrels, snakes, etc. ✓ Change in housekeeping style ✓ Piles of dirty clothes/linens ✓ Number of locks and bolts ✓ Disappearance of personal property or household items 	<ul style="list-style-type: none"> ✓ Hazardous conditions: <ul style="list-style-type: none"> - poor wiring - porch is rotten - open fireplace - stack of newspapers - only one exit - inadequate light especially in stairs and halls - no handrail on stairs - odor of gas - loose rugs - floor uneven or slippery - unventilated gas heaters - extension cord in traffic pattern - no grab bars or non-skid strips in bathroom - bad chimney - broken glass - no locks ✓ Large cracks in wall/floor 	<ul style="list-style-type: none"> ✓ Outdated prescriptions ✓ Fecal/urine smell ✓ Urine soaked bed ✓ Evidence of restraints ✓ Limited variety of food ✓ Roof leaks ✓ Furniture rickety ✓ Overcrowding ✓ Home too cold/hot ✓ Home not ventilated ✓ No screens or windows ✓ Contaminated well ✓ Empty bottles of liquor ✓ Yard cluttered ✓ Unable to access essential rooms ✓ Burst water pipes ✓ High grass ✓ Bad neighborhood ✓ Frequent moving ✓ Too many stairs

Behavior of Family or Caregiver		
<ul style="list-style-type: none"> ✓ Conflicts with others or the community 	<ul style="list-style-type: none"> ✓ Blames others for problems 	<ul style="list-style-type: none"> ✓ Marital or family discord

<ul style="list-style-type: none"> ✓ Arguments within extended family on care provided to client ✓ Family imposes obligations ✓ Manipulates overly passive adults into baby-sitting, paying bills, loaning money ✓ Family has other illness to deal with ✓ Recent loss of spouse, family members or close friends ✓ Resentment by caregiver ✓ Financial problems / lack of money ✓ Client left alone for long periods of time ✓ Lack of knowledge by caregiver of client's condition and needed care ✓ History of mental illness in the family ✓ Withholding of food or medications ✓ Unrealistic expectations of client ✓ Explanation of injury not feasible ✓ Past history of similar episodes ✓ Inconsistent explanations ✓ Sudden appearance of previously uncaring relatives ✓ Evasiveness on payment of bills ✓ Unusual household composition ✓ Competition in family for attention 	<ul style="list-style-type: none"> ✓ Irresponsible ✓ Caregiver has many other responsibilities ✓ Denial of problems ✓ Alcohol, drug use by family ✓ Intergenerational households ✓ Overprotection by family ✓ Lack of physical, facial, eye contact with client ✓ Caregiver does not provide needed personal care ✓ Unusual expenses and no visible means of income ✓ Transfer of property, savings, insurance, wills ✓ Other injuries found which were not reported ✓ Prolonged interval between treatment and injury ✓ Someone other than caregivers bring client ✓ Caregiver will not allow visitors ✓ Unexplained cash flow ✓ Excessive payment of care 	<ul style="list-style-type: none"> - striking - shoving - beating - name-calling - scape-goating - yelling ✓ Continuous friction ✓ Hostility ✓ Secretive ✓ Impatient ✓ Frustrated ✓ Poor self-control ✓ Shows little concern ✓ Recent family crisis ✓ Role reversal ✓ Treats client like a child ✓ Overly frugal ✓ Lock client away from rest of family ✓ Family does not interact with client ✓ Resentment ✓ Jealousy ✓ Doctor hopping
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Social Indicators		
<ul style="list-style-type: none"> ✓ Client resists going outside home ✓ Little or no contact with others ✓ Only one person to call in times of crisis ✓ Dependent on only one caregiver for financial / physical / emotional support ✓ Conflicts with the community ✓ Pets replace affection from others ✓ Undesirable friends, too many ✓ Caregivers who provide help for pay ✓ Visitors only on check day 	<ul style="list-style-type: none"> ✓ Home is physically isolated from community ✓ No assistance provided by friends, relatives, or neighbors ✓ Lives alone or in an overcrowded home ✓ Community refuses support, client is ostracized ✓ Lack of magazines, books, radio, TV, phone, letters 	<ul style="list-style-type: none"> ✓ Receives no visitors ✓ Lack of aged friends ✓ Doesn't know neighbors ✓ Relatives live far away ✓ Doesn't want worker to leave ✓ No hobbies or interests ✓ Eats alone ✓ Unable to read or write

Client's Behavior		
<ul style="list-style-type: none"> ✓ Withdrawn - no desire for family or outside contacts ✓ Not willing to form attachments ✓ Extreme agitation / irritable/grouchy ✓ Depressed affect / no eye contact, movement or expression 	<ul style="list-style-type: none"> ✓ History of mental illness ✓ Alcohol or drug abuse ✓ Violent / threatens worker ✓ Delusions / paranoia ✓ Recent or sudden changes in behavior or attitudes 	<ul style="list-style-type: none"> ✓ Loneliness ✓ Unjustified fear ✓ Unwarranted suspicion ✓ Mentally deficient ✓ Bizarre behavior ✓ Compulsiveness

<ul style="list-style-type: none"> ✓ Sleep disorders, insomnia, nightmares ✓ Excessive physical complaints ✓ Denial of problem due to pride 	<ul style="list-style-type: none"> ✓ Denial of problems ✓ Refusal to talk about subject or personal matters 	<ul style="list-style-type: none"> ✓ Fanaticism ✓ Frequent falls ✓ No set meals
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Client's Behavior (continued)

<ul style="list-style-type: none"> ✓ Refuses to discuss situation, cooperate, communicate the need for help ✓ Blaming of someone else for problems ✓ Unable to cook, phone for help or take medications properly ✓ Unaware of how much money they receive and regular monthly expenses ✓ Carries large amount of cash ✓ Lacks judgment, confuses priorities ✓ Frequent requests for help at the end of the month to supplement income ✓ Payment of exorbitant prices for services, repairs, rent, etc. ✓ Unable to respond rationally to questions / erratic / irrational ✓ Disoriented as to time and place ✓ No incentive or motivation, apathetic ✓ Persistent, intense anxiety unattributable to any real problem ✓ Feelings of inadequacy / worthlessness 	<ul style="list-style-type: none"> ✓ Inappropriate use of facilities ✓ Constantly losing thoughts ✓ Hoards / squanders money ✓ High dependence on others, or agencies ✓ Chronically fails to pay bills ✓ Depleted bank accounts with nothing to show ✓ Large amount of purchases on credit ✓ Can't remember who you are or who they are ✓ Inability to follow instructions ✓ Utterly discouraged / hopeless ✓ No pride in themselves or their home, low self-esteem ✓ Inability to distinguish between fantasy and reality ✓ Unreasonable excuses ✓ Frightened of caregiver ✓ Unintelligible speech / unable to communicate 	<ul style="list-style-type: none"> ✓ Overly frugal ✓ Wandering ✓ Begging ✓ Pack-ratting ✓ Confusion ✓ Easily influenced ✓ Overly quiet ✓ Passive ✓ Timid ✓ Suicidal ✓ Excessive crying ✓ Uncashed checks; money laying around ✓ Demanding undivided attention ✓ Careless smoking ✓ Refuses to open door ✓ Unwillingness to talk ✓ Extreme procrastination ✓ Giving money away; overly-generous
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Investigation

Initiation of the investigation will begin as soon as is necessary, according to information contained in the report.

- { The DSS Social Services Worker reviews the report and contacts the reporter when appropriate (and inasmuch as is possible) for additional information.
- { Interviews are conducted with the reported adult and the alleged perpetrator, and any other relevant witnesses.
- { The DSS Social Service Worker shall notify the appropriate law enforcement authorities when the report may involve a crime.

Protective services are implemented only with consent of the reported adult (or guardian when appropriate).

- { DSS may institute legal proceedings as part of the protective service plan when judicial intervention is determined necessary to protect the eligible adult from abuse or neglect.
- { Service plans are coordinated with current support systems to maximize client independence.

Overview of Service Intervention

Core Services	Emergency	Social, Educational, Recreational
<ul style="list-style-type: none">✓ <i>Intake and assessment</i>✓ <i>Case management</i>✓ <i>Follow-up</i>✓ <i>Early intervention services</i>✓ <i>Temporary financial support</i>	<ul style="list-style-type: none">✓ <i>Emergency shelter, food, or clothing</i>✓ <i>Emergency caregiver or placement</i>✓ <i>Crisis intervention</i>	<ul style="list-style-type: none">✓ <i>Outreach</i>✓ <i>Information and referral assistance</i>✓ <i>Crime prevention</i>✓ <i>Telephone reassurance</i>✓ <i>Friendly visitor</i>✓ <i>Support groups</i>✓ <i>Transportation</i>✓ <i>Religious / church organizations</i>✓ <i>Congregate meals / Senior Centers</i>✓ <i>Counseling</i>✓ <i>Adult educational classes</i>✓ <i>Arts and crafts courses</i>✓ <i>Civic groups, clubs, fraternal organizations, AARP</i>✓ <i>Voluntary organizations (Red Cross, Cancer Society, YWCA, hospital volunteer, nursing home volunteer, foster grandparents)</i>✓ <i>Adult day care</i>
	Financial/Economic	
<ul style="list-style-type: none">✓ <i>System for money management: counseling, power of attorney, payee, conservatorship</i>✓ <i>Income stretching benefits: SSI, SS, VA, Food Stamps, Medicaid, private pension plans, Railroad Retirement, health insurance</i>✓ <i>Employment programs / agencies</i>✓ <i>Clubs and churches which provide specific services: Lions, Rotary, civic groups, fraternal organizations</i>		
	Legal	
<ul style="list-style-type: none">✓ <i>Better Business Bureau</i>✓ <i>Law Enforcement</i>✓ <i>Attorneys; state and local bar associations; Legal Aid</i>✓ <i>Civil commitment</i>✓ <i>Orders of protection</i>✓ <i>Durable power of attorney</i>✓ <i>Guardianship / conservatorship / public administrator</i>✓ <i>Probate and circuit courts</i>		
		Home Support and Housing
	Health / Medical	<ul style="list-style-type: none">✓ <i>Respite</i>

- ✓ *Hospitalization, doctor visit, outpatient clinics*
- ✓ *Health screening and medical evaluation*
- ✓ *Drug information and health education*
- ✓ *Mental health services*
- ✓ *Dental care*
- ✓ *Home health care, visiting nurses, public health department*
- ✓ *Adult day care*
- ✓ *Medicaid*
- ✓ *Medicare*
- ✓ *Congregate and home-delivered meals*
- ✓ *Boarding / nursing homes*
- ✓ *Voluntary organizations (American Cancer Society, American Heart Assoc., etc.)*
- ✓ *Alternative housing, HUD programs, local housing authorities, public housing, retirement villages*
- ✓ *Home repair*
- ✓ *Residential care / nursing homes*

Hotline Information - Central Registry Unit

I. Intake Activities (initial reports)

		FY'99	FY'00	FY'01
Abuse, Neglect and Exploitation (A/N/E) of the elderly		11,209	11,477	12,117
v A/N/E of adults with disabilities under age 60		2,890	3,255	3,601
	subtotal	14,099	14,732	15,718
v Abuse, neglect in LTC facilities		683	787	576
v Other LTC facility complaints		6,716	6,382	4,828
v Statements of Concern		9	372	2,089
	subtotal	7,408	7,541	7,493
v Pre-admission screening referrals (MO Care Options)		24,287	24,775	23,762
v Other Information and Referral (I&R)		22,120	20,894	20,262
	subtotal	46,407	45,669	44,024
TOTAL INTAKE AND I&R		67,914	67,942	67,235

II. Findings (completed investigations from field staff)

A. Home And Community Services: A/N/E of adults residing in home or community based settings.

	Reason to Believe	Suspected	Unsubstantiated
FY '01	56.4%	18.5%	25.1%
FY '00	57.0%	19.5%	23.5%
FY '99	55.0%	21.5%	23.5%

B. Section for Long-Term Care Regulation: Long-term care resident A/N/E and other complaints.

	Valid	Unable to Verify	Invalid
FY '01	20.8%	18.0%	61.2%
FY '00	27.8%	16.7%	55.5%
FY '99	26.5%	20.9%	52.6%

III. Types of I&R Calls

- v Referrals to Area Agency on Aging offices
- v Alzheimer's information and support group referral
- v Heat crisis, cooling center information
- v Referrals to other agencies (Medicaid, Social Security, spousal abuse agencies, etc.)
- v Repeated Missouri Care Options screening referrals or information requests

- ✓ Governor's Silver Club application and information
- ✓ OBRA Pre-Admission information requests
- ✓ Refer to local DSS (Home and Community & Institutional)
- ✓ Unable to investigate (hang ups, harassment, etc.)

Division of Senior Services (DSS)
Abuse Information
Community Based Investigations

I. Description of Home and Community Services Investigative Findings

- A. Reason to Believe: Substantial amount of evidence is found supporting the allegations contained in the report.
- B. Suspected: Based on worker judgment, allegations contained in the report are probable or likely.
- C. Unsubstantiated: The evidence of the investigation does not support the allegations in the report.

II. Status of Home and Community Services Investigative Findings

	FY '99	FY '00	FY '01
✓ Reason to Believe	55.0%	57.0%	56.4%
✓ Suspected	21.5%	19.5%	18.5%
✓ Unsubstantiated	23.5%	23.5%	25.1%

III. Types of Problems Identified by Status

Based on "problems" on completed investigations (not directly related to the number of reported elders/victims, as victims may have multiple problems).

Total Percentages	FY '99	FY '00	FY '01
Physical Abuse	7.2%	7.3%	7.7%
Physical Neglect	54.6%	53.3%	53.2%
Emotional Abuse	8.6%	8.6%	8.2%
Emotional Neglect	13.1%	13.8%	13.1%
Financial Exploitation	6.7%	6.4%	7.0%
Financial Neglect	6.0%	6.2%	6.2%
Mental Disability	2.7%	2.9%	2.6%
Other	1.1%	1.5%	2.0%

<i>f</i> Findings (Types of Problems)	Reason to Believe			Suspected			Unsubstantiated		
	FY'99	FY'00	FY'01	FY'99	FY'00	FY'01	FY'99	FY'00	FY'01
Physical Abuse	33.0%	37.6%	36.9%	20.9%	18.3%	17.0%	46.1%	44.1%	46.1%
Physical Neglect	37.0%	38.3%	39.0%	19.1%	18.7%	17.5%	43.9%	43.0%	43.5%
Emotional Abuse	34.0%	36.4%	35.4%	26.0%	24.6%	23.4%	40.0%	39.0%	41.2%
Emotional Neglect	43.5%	46.6%	48.6%	24.9%	23.4%	22.3%	31.6%	30.0%	29.1%
Financial Exploitation	16.4%	16.3%	13.8%	21.7%	21.5%	20.6%	61.9%	62.2%	65.6%
Financial Neglect	35.3%	38.9%	42.9%	20.7%	19.2%	16.3%	44.0%	41.9%	40.8%
Mental Disability	61.0%	65.5%	63.4%	18.7%	15.9%	17.4%	20.3%	18.6%	19.2%

Other	40.3%	44.8%	33.5%	22.0%	13.5%	18.0%	37.7%	41.7%	48.5%
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IV. Demographic Profiles of Home and Community Services Investigations of Reported Elders

		FY '99	FY '00	FY '01	1990 Census (60+)
Sex	Female	64.4 %	64.0 %	64.0 %	59.0%
	Male	35.6	36.0	36.0	41.0%
Race	White	78.9 %	78.3 %	79.4 %	91.7%
	Black	18.9	18.7	17.6	7.3%
	Other	0.7	0.8	0.3	1.0%
	Unknown	1.5	2.2	2.7	
Age	Under 60	20.0 %	21.4 %	23.5 %	
	60-64	7.2	7.5	7.1	24.2%
	65-69	9.7	9.7	9.7	23.1%
	70-74	13.3	12.0	11.7	18.5%
	75-79	15.3	15.5	14.8	15.1%
	80-84	14.6	14.9	14.8	10.5%
	85-89	12.2	11.0	11.0	8.6% (Over 85)
	90-94	5.7	5.8	5.4	
	95 plus	2.0	2.2	2.0	
	Unknown	0.0	0.0	0.0	
Living Arrangement	Alone	48.4 %	49.1 %	47.5 %	26.6%
	With spouse	15.5	14.5	14.9	61.3%
	With relative	25.1	25.5	24.6	5.9%
	With non-relative	4.6	4.3	5.5	1.7%
	Long-term care	5.4	5.1	5.7	4.0%
	Other / unknown	1.0	1.5	1.8	0.5%

V. Perpetrator Related Data (when perpetrator designated; reports may have multiple perpetrators)

	FY'99	FY'00	FY'01
Self	24.0 %	23.7 %	20.6 %
Spouse	4.1	3.7	3.6
Housemate	1.6	1.5	1.6
Son/Daughter	11.8	11.3	10.7
Siblings	1.3	1.3	1.2
Parent	1.6	1.6	1.7
Grandchild	2.9	2.2	2.0
Other Relative	3.6	3.2	3.5
Friend/Neighbor	2.8	2.4	2.6
Landlord	0.6	0.6	0.7

<i>(Perpetrator Data Continued)</i>	FY'99	FY'00	FY'01
Guardian	0.3	0.3	0.4
Health Care Professional	1.0	0.9	1.1
In-Home Service Provider	3.5 %	4.5	5.2 %
Circumstances / Environment	36.0	38.1	39.7
Other	2.5	2.6	3.3
Unknown	2.4	2.1	2.1

Relationship of Reported Elder Living with Alleged Perpetrator

	FY'99	FY'00	FY'01
Spouse	19.5 %	20.6 %	20.1
Housemate	7.6	7.4	8.5
Son / Daughter	35.9	36.0	34.0
Siblings	3.4	3.9	3.2
Grandchild	9.6	6.8	6.7
Other Relative	15.6	16.4	17.3
Friend / Neighbor	2.4	2.1	2.2
Other	2.8	4.4	5.6
Unknown	3.2	2.4	2.4

VI. Resolution of Investigations Reported by Social Services Workers

	FY'99	FY'00	FY'01
Opened for protective services (ps)	27.1 %	27.2 %	25.9 %
Report substantiated but no ps need	12.7	13.2	15.1
Resolved (includes unsubstantiated)	29.5	29.0	29.6
Refused services	8.0	8.0	7.2
Placed in long-term facility (care)	9.6	9.3	9.9
Referred to other agency / agencies	4.5	4.0	3.7
Other	1.9	2.2	1.7
Unable to locate	1.2	1.2	1.2
Client died	3.8	3.8	4.0
Client moved	1.7	2.1	1.7

VII. Abuse, Neglect, Exploitation of Home and Community Services Reports

Class I: Imminent danger or an emergency situation.

Class II: Direct or immediate relationship to the health, safety or welfare of the reported adult but which does not create imminent danger.

Class III: "Non-protective" situation; not a Class I or Class II.

Total Home and Community Services Hotline Calls

	FY '99		FY '00		FY '01	
<i>Class I</i>	1,864	13.2%	2,059	14.0%	2,695	17.2%
<i>Class II</i>	10,471	74.3%	10,496	71.2%	10,865	69.1%
<i>Class III</i>	1,764	12.5%	2,177	14.8%	2,158	13.7%
TOTAL	14,099	100.0%	14,732	100.0%	15,718	100.0%

VIII. Field Operations Action

A. Unduplicated Count of Reported Adults Served*	FY '99	FY '00	FY '01
Class I	1,304	1,489	1,934
Class II	8,050	8,170	8,346
Total	9,354	9,659	10,280

* Includes only clients with Departmental Client Numbers (DCN). Based on completed investigations.

B. Time-frames for Seeing Alleged Victim Based on Completed Investigations

FY '01	Total	24 Hours	48 Hours	In 7 days	Over 7 days	Not seen
Class I	2,493	2,224 89.2%	54 2.2%	114 4.6%	0 0.0%	101 4.0%
Class II	10,240	3,388 33.1%	1,059 10.3%	4,631 45.2%	3 0.0%	1,159 11.4%

FY '00	Total	24 Hours	48 Hours	In 7 days	Over 7 days	Not seen
Class I	1,980	1,809 91.4%	41 2.1%	50 2.5%	0 0.0%	80 4.0%
Class II	10,593	3,550 33.5%	1,088 10.3%	4,611 43.5%	1 0.0%	1,343 12.7%

FY '99	Total	24 Hours	48 Hours	In 7 days	Over 7 days	Not seen
Class I	1,892	1,713 90.5%	40 2.1%	60 3.2%	0 0.0%	79 4.2%
Class II	10,575	3,456 32.6%	1,095 10.4%	4,522 42.8%	1 0.0%	1,501 14.2%

Aging Hotline
1 - 800 - 392 - 0210

**Section for Long-Term Care Regulation
Abuse Information
Long-Term Care Facility Based**

- A. **Valid:** A conclusion that the allegation did occur and there was a statutory or regulatory violation; OR a conclusion that there is reasonable likelihood that the allegation did occur and there was a statutory or regulatory violation.
- B. **Invalid:** A conclusion that the allegation did not occur; a conclusion that there is not a reasonable likelihood that the allegation occurred; OR a conclusion that the allegation either occurred or there is a reasonable likelihood that it occurred, but there is not a statutory or regulatory violation.
- C. **Could Not Verify:** This conclusion is reached when a complaint is investigated and there is conflicting information collected to the extent that no conclusion could be reached.

I. Findings Based on Completed Complaint Investigations

	FY'99		FY'00		FY'01	
Valid - uncorrected	752	11.7%	1311	15.1%	673	13.0%
Valid - corrected before investigation, no statement of deficiency	918	14.3%	1,057	12.1%	398	7.7%
Valid - corrected during investigation, uncertified; no statement of deficiency	14	0.2%	29	0.3%	2	.03%
Valid - corrected during investigation, certified; statement of deficiency required	12	0.2%	21	0.2%	3	0.06%
Total Valid Investigations	1,696	26.4%	2,418	27.7%	1,076	20.8%

Invalid, unsubstantiated, or not in violation	3,375	52.7%	4,831	55.6%	3,172	61.2%
Could not verify	1,339	20.9%	1,455	16.7%	937	18.0%
Total Investigations Completed	6,410	(100%)	8,704	(100%)	5,185	(100.0%)

II. Complaint Reports and Self-Reported Incidents

	FY'99		FY'00		FY'01	
Abuse, neglect reports	683	9.2%	787	11%	576	10.7%
Regulation violation reports	6,716	90.8%	6,382	89%	4,828	89.3%
Total Reports	7,399	(100%)	7,169	(100%)	5,404	(100.0%)

Facility self reports	9	372	2,089
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Note: Statements of Concern include additional information on existing reports or non-regulatory allegations. This report classification was deleted effective FY'99. In FY 2000, this report classification denotes self-reports by facilities.

Mandated Reporters

Professionals mandated to report in accordance with:	660.300	565.188	198.070
Adult Day Care Center Workers		yes	yes
Chiropractors	yes	yes	yes
Christian Science Practitioners	yes	yes	yes
Clinic personnel engaged in treatment, examination, care; adults 60 (+)		yes	
Clinic personnel engaged in the examination of persons age 60 (+)			yes
Coroner		yes	yes
Dentist	yes	yes	yes
Department of Health and Senior Services Employee		yes	
Department of Mental Health Employee		yes	yes
Department of Social Services Employee		yes	yes
Facility Administrator			yes
Facility Employee (also see Nursing Home Worker)			yes
Health practitioners engaged in treatment, examination, care; persons age 60 (+)		yes	
Hospital personnel engaged in treatment, examination, care; adults age 60 (+)		yes	
In-home services employees, operators, and owners		yes	
Interns (also see Resident Intern)			yes
Law Enforcement Officials (also see Peace Officers)		yes	yes
Medical Examiner	yes	yes	yes
Mental Health Professionals		yes	yes
Ministers	yes		yes
Nurse (also see Registered Nurse)	yes	yes	yes
Nursing Home Worker (also see Facility Employee)		yes	
Optometrist	yes	yes	yes
Other Health Practitioner			yes

Other person with responsibility for the care of persons 60 years (+)	yes		
Other person with responsibility for the care of an eligible adult		yes	
Peace Officer	yes	yes	yes
Pharmacist		yes	yes
Physical Therapist	yes		yes
Physician	yes	yes	yes
Podiatrist	yes	yes	yes
Probation or Parole Officer		yes	yes
Psychologist	yes	yes	yes
Registered Nurse (also see Nurse)	yes	yes	
Resident Intern	yes	yes	
Social Worker	yes	yes	yes

660.300 - Abuse/Neglect of in-home services clients

565.188 - Person (age 60 or older) subjected to conditions which would reasonably result in abuse or neglect

198.070 - Resident of a nursing facility has been abused or neglected

Family Care Safety Registry

The Family Care Safety Registry (FCSR) is maintained by the Department of Health and Senior Services in coordination with the Department of Social Services and the Department of Public Safety. Affected care workers (both child care and elder care) hired on or after January 1, 2001, must be registered. The registry will help ensure that personnel who provide care for children or the elderly can be easily screened against criminal background history and information provided by:

- ◆ Missouri State Highway Patrol for criminal background checks;
- ◆ Division of Family Services for child abuse/neglect records and foster parent, residential facility and child placing agency licensing records;
- ◆ Department of Health and Senior Services for child care facility licensing records; and
- ◆ Division of Senior Services for Employee Disqualification List records and residential living facility and nursing home licensing records.

Care workers required to register include individuals employed by elder care providers and/or those who receive state or federal funds as payment for elder care services. Elder care providers include home health agencies, hospices, hospitals, nursing facilities, residential care facilities, in-home services agencies and adult day health care agencies. Persons who are not required to register may do so voluntarily. Employers may submit completed registration forms for multiple prospective employees. Registration fees may be paid by the individual or by the employer, and both the applicant and the employer will receive notification of the screening results.

Background information from the FCSR may be requested for **employment purposes only**.

- ◆ The caller must provide the registrant's name, date of birth and social security number before information will be provided.
- ◆ Information released to callers will be limited to whether the registrant's name is listed in any of the registries and if so, which one(s).
- ◆ Specific information about registrants will be disclosed upon receipt of a written request from the prospective employer including name, address, and the reason for the request.

Registrants will be notified each time someone requests information about them from the registry. The notification will contain the name and address of the person making the inquiry and the background information released.

Elder care workers required to register who fail to submit a completed registration form to the FCSR within 15 days of beginning employment is guilty of a Class B misdemeanor. Any person who uses the information obtained from the FCSR for any purpose other than those outlined in the legislation is guilty of a Class B misdemeanor.

Family Care Safety Registry

1-866-422-6872
